

For License Renewals , Make Checks Payable To: CENTRAL TAX BUREAU OF PA, INC. 482 JEFFERS STREET DUBOIS PA 15801-2438 (814) 375-0496 1-800-430-8383 For New Licenses , Make Checks Payable to: CITY OF ALTOONA 1301 12 th STREET, SUITE 104 ALTOONA PA 16601 (814) 949-2456	REGISTRATION FORM FOR BUSINESS PRIVILEGE AND MERCANTILE LICENSE FEE: \$50.00	ALTOONA CITY 07105 BLAIR COUNTY DUE DATE:
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The following information is necessary for our records and will be held in the strictest confidence. **ALL QUESTIONS MUST BE ANSWERED FULLY. USE THE REVERSE SIDE IF NECESSARY. COMPLETE AND RETURN IMMEDIATELY.**

- | | |
|---|---|
| <input type="checkbox"/> ESTABLISHED BUSINESS | <input type="checkbox"/> NEW BUSINESS (REQUIRES CITY OF ALTOONA APPROVAL) |
| <input type="checkbox"/> SEASONAL BUSINESS* | <input type="checkbox"/> TRANSIENT BUSINESS* |
| <input type="checkbox"/> ITINERANT BUSINESS* | |

*Indicate approximate date when operations will end _____

BUSINESS NAME _____

BUSINESS ADDRESS, CITY, STATE, ZIP _____

BUSINESS PHONE NUMBER _____ **BUSINESS FAX NUMBER** _____

FEDERAL TAX I.D. NUMBER OR SOCIAL SECURITY NUMBER _____

OWNER NAME(S) _____

OWNER ADDRESS, CITY, STATE, ZIP _____

OWNER PHONE NUMBER _____

TYPE OF ORGANIZATION

- | | |
|--|--|
| <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP | <input type="checkbox"/> ASSOCIATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION (Date Incorporated _____ State _____) |
| <input type="checkbox"/> FIDUCIARY | |

NATURE OF BUSINESS

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> RETAIL | <input type="checkbox"/> SERVICE* | <input type="checkbox"/> FABRICATING* |
| <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> TRADE | <input type="checkbox"/> AMUSEMENT |
| <input type="checkbox"/> MANUFACTURING* | <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> OTHER _____ |

*Explain methods used on reverse side

DATE LOCAL OPERATION BEGAN _____

NAME AND ADDRESS OF PERSON OR FIRM IN CHARGE OF RECORDS _____

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief true, correct and complete. If this person is being prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has knowledge.

Signature _____ Date _____

Signature of Preparer (if other than taxpayer) _____ Date _____

Name (type or print)

Title

CITY OF ALTOONA OFFICE USE ONLY

☐ APPROVED ☐ DENIED

Comments: _____

Signature of Licensing Officer

Date

CENTAX OFFICE USE ONLY

Received by: _____

Amount Paid: _____

License No. Issued: _____

Type Code: _____ Acct. No. _____

☐ CASH

☐ CHECK

☐ MONEY ORDER

License Fee:

☐ Wholesale

☐ Retail

☐ Service

☐ Rental